



Investigate the efficiency of treatment based on the acceptance and commitment on mindfulness and sexual efficiency of married women retire

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Abstract: *This study is performed with the aim of determining the efficiency of treatment based on the acceptance and commitment on mindfulness and sexual efficiency of married women retire in Isfahan. The design of this study was semi – experimental with pre – test and post – test. So, among married women that referred to the center for retirement, 30 available people are selected and are substituted by random in two groups of 15 people (experimental and control groups). The participants, in both before and after intervention, are answered to the questionnaire of five – sided mindfulness by Baer et.al (2006) and the questionnaire of sexual self – efficiency by Vazire and Lotfi (1999). The experimental group were participated to in 8 session of group therapy based on acceptance and commitment; but the control group received no intervention. The study’s data were analyzed by using the statistical package for social science version 21. The results of covariance analysis showed that there are meaningful difference between mean scores of observation and inaction in two variables of mindfulness and sexual self – efficiency in both experimental and control groups in pre – test ($p < 0.05$) and intervention therapy were done successfully.*

Key words: *therapy based on acceptance and commitment, mindfulness, sexual self-efficiency.*



Introduction:

Retirement, as a social phenomenon, is an important fact that inevitably occurs in job life of human resources, that may also happen prematurely for various reasons. This phenomena have different individual, social and economic dimensions and classes (Rahimi, Fadaye vatan and Abedi, 2015). In facts, retirement is one of the most important changes in life and is one of the accepted social phenomena and from most important processes in change the individual role (Kelli and Swisher, 1998). For the majority of people, the retirement era is a calm, silence and freedom period, in compare with active and dynamic years of professional work, and can be restore its hopeful meaning in the form of slogans “start a new life after retirement. The personal reaction with retirement era are completely different and are related to many factors that among them 3 factors are more important: human vision of professional activity, old ages and individual physical condition (Rastgophisky, 2002).

A wide range of factors change with the end of work period of staff, each of these factors can affect on success and satisfaction of retiree. Retirement can influence on human responses, individual meaning, identifying the role and mantel models (Kelli and Swisher, 1998). Recently, The concept of mindfulness has attracted the attention of many psychology therapists. the foundation of this concept can be traced in the most ancient Buddhist texts. Mindfulness is known as a target of deep thinking religious especially Buddhism (Falkenstrom, 2010). Mindfulness is as awareness acceptance and without judgment of what is happening (Brown and Ryan, 2003). The mindfulness individuals comprehend freely and without distorting the inner and outer realities and have a lot of ability in confronting with a wide range of thought, emotions and pleasant and unpleasant experiences (Brown, Ryan and Creswell, 2007). Bishop (2002) believes that mindfulness is an approach to increase awareness on responding to mental processes including emotional disorders and dysfunctional thoughts that can influence on many areas of mental health in the elderly.

One of the most important problems in elderly period that less attention has been paid to is the sexual problem in this social group. Research about sexual behavior in older people is often not taken seriously, as a result there are relatively little information about sexual information of people over 60 years old. The studies show that sexual behavior of older men is more bad sexual function, while sexual behavior of women revolves the attitude toward sexuality and it's psychological effects (Phanjoo,2000). The sexual activity decline in both sexes in the elderly but this problem for women is more for various reasons such as loss of her husband and psychological limitation and problems (Ventegodt, 1998). The majority of those that are active in relation to sexual problems, have observed that in evaluating the sexual problem and determining it's nature, one confounding variable, as sexual self – efficiency and enjoyment introversion or extraversion, has a decisive role (Vaziri, Lotfi kashani, Hoseinian and Ghafari ,2010). According them, although the physiologic part is the response of sexual self determination and visceral, but



SCIENTIFIC RESEARCH CENTER

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easily influenced by emotions of propriety – impropriety, enjoyment introversion – extraversion, reinforcement or inhibition that are important in sexual satisfaction.

There are a variety of treatments for retirees with mental disorders that among them, most important psychological interventions include cognitive therapy, clinical interview, problem solving therapy, interpersonal therapy and positive psychotherapy (McAlinden, Oei, 2006). The treatment based on acceptance and commitment is third wave of behavior therapies that is presented in 1986 by Hayes. In this procedure, it's assumed that human beings knows irritant a lot of their emotions, excitements or innermost thoughts and continuously are trying to change this experiences or getting rid of them. This attempts are ineffective to control and antithetically lead to aggravate the emotions, excitements and thoughts that at first person had tried to avoid them (. Hayes et al.,2004). The ultimate aim of commitment and acceptance is help to increase the psychological flexibility. Acceptance and commitment is a procedure that emphasizes on mood and create psychological flexibility through slipped exaggerated effects of cognitions and the language of value of navigation (Wiley and Ltd ,2014) and cause person to change his/her behavior or commits in order to their chosen values. This therapeutic approach, as a way of third wave behavioral therapy could achieved acceptable results in fields of anxiety, depression, scruple, job stress, emotional and behavioral disorders (Flaxman, Blackledge, and Bond, 2011).

Studies have shown that this therapeutic way has been effective in improve symptoms of different mental disorders (Izadi and abedi, 2013). Zahrabi (2013) in his research showed that using the acceptance and mindfulness – based therapy significantly reduced the symptoms of social anxiety and increased the rate of acceptance and mindfulness in the tests of experimental group, in compared to control group. Mehrdoost, Neshatdoost and Abadi (2012) found that the therapy based on acceptance and commitment had been have significant effect on reduce the attention focused on self and improve the beliefs of social self efficiency in students with social anxiety disorders. Jafari, Omidi and Aftab (2016) in a survey with the aim of predicting acceptance and commitment based on mindfulness and cognitive emotion regulation showed that acceptance and commitment have a positive and meaningful correlation with mindfulness and emotion regulation. Tabatabaee , Sajadian and Motamedi (2017) recognized that ATC therapy is effective in improving sexual function, sexual assertiveness and reduce sexual shyness. Carson et.al. (2004) in a study showed that mental focus interventions, acceptance and cognitive interruption significantly increased sexual responses in different aspects and reduced sexual confusion in women.

Pyrani, Abbasi, Clovani and Nourbakhsh (2017) indicated that acceptance and commitment based therapy is effective in raising sexual self – esteem and marital adjustment and also decreasing the alexithymia mood of wives of war veterans. With regards to mental and physical problems of elderly and economic and social consequences of retirement, lack of clinical research is felt that be aware of psychological functions and the beliefs of sexual function in



elderly. So this study is tried to define the effectiveness of mental therapy based on acceptance and commitment on mindfulness and sexual self efficiency in Isfahan retirees.

Research method

The design of recent study was semi – experimental and it's statistical population included all the married women of the retirement center in Isfahan city. In order to choose the sample from exiting people in this society, 30 people were selected (15 in control group and 15 in experimental group). Both groups are participated in two pre and post test, the different is that experimental group received the contents of Table 1 during 8 session of 90 minutes, while control group were waiting for treatment. Also, the data collected from the study's questionnaire is analyzed by using covariance analysis and SPSS-21.

Research tools

Five factor of mindfulness questionnaire (FFMQ): this scale is a self report instrument with 39 items that is offered by Bauer et.al (2006) and measures five factors of mindfulness. This factors included: observation (7 items), description (8 items), act with knowledge (8 items), acceptance without judgment about the inner experience (8 items) and lack of response to internal experiences (7 items). This questionnaire is scoring in a five degree scale (1: never, 5: always). Cronbach's alpha coefficient score of mindfulness is reported 0.90 (Tamaneifar, Asgharnejad, Mirzaei and Soleimani, 2016). the results of study by Ahmadvand, Heydarinasab and Shairi, (2013) show the reliability (Cronbach's alpha coefficient between 0.83 and 0.55) and reliability (0.80) for five factor mindfulness questionnaire in Iranian non clinical samples.

Sexual self – efficiency questionnaire by Vaziri and Lotfi: Sexual self – efficiency questionnaire by Vaziri and Lotfi (1999) is created based on general self – efficiency questionnaire by Schwarzer(1993). This questionnaire include 10 questions that are scored from zero to 3. Based on their view, sexual self efficiency is a belief that one have about his/her ability in function efficiently in sexual activities and sexual desirable to his/her partner. Such a belief is a kind if self assessment of ability and efficiency in sexual behavior. The reliability of sexual self efficiency questionnaire is achieved by using Cronbach's alpha coefficient 0.86, Spearman – Brown intersection 0.81 and Gutmann method of 0.82 (Vaziri and Lotfi kashani, 2013). also, the validity of self efficiency questionnaire in Iran has been approved by using the validity dependent on content.



Table 1: the summary of treatment sessions based on acceptance and commitment

Session 1: acquaintance and introduction of members of group, assessment and familiarity with sessions and rules of treatment based on ACT
Session 2: discussion about member’s problems , overall assessment and approve the kind of relation therapy
Session 3: creative distress, specify the inefficiency of their responses and reactions in marriage and inefficiency of controlling negative thoughts and feelings
Session 4: the subject is controlling; measuring the performance in dealing with thoughts , identify and distinguish between clean and unclean discomfort(irritation)
Session 5: integrate with thoughts, feelings and desires and leave them
Session6: acceptance and break down, do exercises for the fault and it’s results, training mindfulness techniques, emphasis on the present and relation to present
Session 7: again emphasis on the importance of values and priorities of members , investigate and identify the goals and ways to achieve it , consider self as a background
Session 8: adding up the presented concepts in previous sessions, ask members to explain their achievements , evaluate obstacles and act responsibly.

Research findings

In recent study, after data collecting, to analysis the information, descriptive and inferential statistics were used. Also, the mean of their age are 58.14, respectively. In table 1, descriptive statistics of research variables of two groups in two stages are shown.

Table 1: mean and standard deviation of mindfulness and sexual self efficiency

Variables	M (SD)	Control Group		Experimental Group	
		Pre-test	Post-test	Pre-test	Post-test
Observation	M (SD)	31/00 (5/29)	29/00 (3/83)	30/40 (6/15)	33/20 (4/53)
Description	M (SD)	25/53(4/80)	25/66 (3/82)	23/40 (4/18)	25/60 (2/55)
Act with knowledge	M (SD)	21/46 (7/56)	23/80 (5/75)	20/40 (4/45)	24/73 (4/96)
Accept without judgment	M (SD)	23/00 (5/39)	27/00 (4/30)	23/86 (5/15)	26/46 (3/81)
lack of reaction	M (SD)	20/00 (6/22)	21/46 (4/01)	21/66 (3/22)	25/66 (4/70)
Sexual Self Efficiency	M (SD)	14/20 (7/97)	14/06 (7/40)	12/40 (6/55)	18/60 (5/43)

As it is shown in Table 1, the mean of retirement scores in all the five factors of in experimental group, in the post test stage is increased, in compare to pre test. Also, the mean of retirement scores in the sexual self efficiency in experimental group and in post test step is increased, than pre test.



SCIENTIFIC RESEARCH CENTER

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Before testing the research theories, the theories of covariance analysis are evaluated. The results of Lewin test in five factors of observation ($F = 0.01$, $P = 0.98$), description ($F = 3.26$, $P = 0.08$), Act with knowledge ($F = 0.28$, $P = 0.60$), acceptance without judgment ($F = 0.20$, $P = 0.65$) and lack of reaction ($F = 4.09$, $P = 0.053$) and sexual self efficiency ($F = 3.65$, $P = 0.06$) are reported that indicate the homogeneity of variances ($p > 0.05$). also the results of Box test ($M = 26.63$) showed the significant level for research variables 0.49; therefore, the default equality between covariance is confirmed. The results of Lambda test by Wilks is presented in Table 2.

Table2: the results of significant researches of covariance analysis on the mean of scores of research variables

	values	F	df1	df2	P	Effect size	Observed power
Wilks	0/397	4/30	6	17	0/008	0/603	0/911
Lambda							

The results of Lambda tests are used to evaluate the significance of covariance analysis equal to $F = 4.30$ that indicate that acceptance and commitment based treatment is effective at least on one of the factors of mindfulness and sexual self efficiency ($p < 0.05$). the square of Eta shows that 60% of variance in five factors mindfulness and the total score of sexual self efficiency are accounted independent variable and the test exponent (0.91) indicate the sufficient of the size of sample.

Table 3: the results of covariance analysis related to intervention therapy on mindfulness and sexual self efficiency in two groups

Variables	Statistical indicator	SS	df	MS	F	Sig	Effect size	Observed power
Observation	Pre-test	6/99	1	6/99	0/409	0/529	0/018	0/094
	Group	163/05	1	163/05	9/51	0/005	0/302	0/838
Description	Pre-test	60/39	1	60/39	6/70	0/017	0/234	0/697
	Group	3/50	1	3/50	0/39	0/539	0/017	0/092
Act with knowledge	Pre-test	2/53	1	2/53	0/07	0/792	0/003	0/058
	Group	10/18	1	10/18	0/28	0/597	0/013	0/081
Accept without	Pre-test	8/35	1	8/35	0/60	0/447	0/027	0/115
	Group	7/40	1	7/40	0/53	0/473	0/024	0/107



judgment								
lack of reaction	Pre-test	0/75	1	0/75	0/03	0/850	0/002	0/054
	Group	116/63	1	116/63	5/68	0/026	0/205	0/626
Sexual Self Efficiency	Pre-test	51/47	1	51/47	1/295	0/267	0/056	0/193
	Group	176/78	1	176/78	4/45	0/047	0/168	0/523

The results of Table 3 showed that among the five factors of mindfulness and sexual self efficiency variables, the difference in test scores are significant just in two factors of observation ($F=9.51$), the lack of reaction ($F=5.68$) and sexual self efficiency ($F=4.45$) between the experimental group and control group, after deleting the effects of pre test ($p<0.05$). the square of Eta (the effect size) indicate that 30% of individual difference in observation factor is related to internal experiences and 17% of individual difference in sexual self efficiency in the post test is related to the difference between two groups. Also, with regards to this results, can be said that acceptance and commitment based therapy cause to increase the mindfulness in observation and the lack of reaction in internal experiences and sexual self efficiency in retirement married women in Isfahan.

Discussion and conclusion

The aim of recent study is determining the efficiency of treatment approach based on acceptance and commitment on increasing the mindfulness and sexual self efficiency on retirement married women in Isfahan. The results show that intervention therapy leads to raise the mean scores of two factors of mindfulness, i.e. observation and lack of reaction in variables in retirement married women. The finding of this research are in line with researches of Zahrabi (2013), Mehrdoost et.al (2012) and Jafari et.al (2016).

In explaining this findings this could be said that acceptance and commitment therapy is based on this issue that understanding the thoughts and emotions should be considered in the conceptual context of phenomena and contrary to behavioral cognitive procedures that reformed dysfunctional beliefs, here, this is educate to participants that at first step they should accept their emotions and “here and now” have more flexibility (Khodayarifard et.al, 2012). Acceptance and commitment based therapy, by rely on the principles of mindfulness, educated to participant women that individual thoughts are considered as an experienced mental event. this means that they, as a third person, by taking apart from mind and thoughts, should be a viewer of their emotions and thoughts, without engaging or react to them.

Also results show that intervention therapy leads to increase the mean scores of sexual self efficiency in retirement married women. The finding of this research are in line with researches of Tabatabaee et.al (2017), Carson et.al. (2004) and Pyrani et.al (2017). This could be said that



the efficiency of acceptance and commitment therapy on sexual self efficiency is as follow: the personal beliefs to abilities, even when a person is suffering from physical defects, could fix his/her performances (Vaziri et.al, 2010). Accordingly, it could be said that sexual self efficiency is a belief that each person have about his/her abilities in effective sexual activities and being ideal for sexual partner. Such a belief is a kind of self-assessment of abilities and efficiency of sexual behavior, for this reason the rate of self – esteem, positive attitude and empathy of spouses are related to better and more complete sexuality and happiness and raise the sex and express the love (Litzinger & Kristina, 2005). Increasing age and reducing physical attractiveness cause to change in women mental and physical image that this leads to reduction in self esteem. This treatment, by developing mindfulness, unburden patients from abusive cognitive – behavioral habits and by creating self – discipline, that cause to non – judgmental perception, encourage them toward adaptive behaviors and accept what they are now. According to results, it seems that acceptance and commitment therapy can be used in treatment of mood and behavior disorders and sexual dissatisfaction of elders in family counseling centers and psychological clinics. Based on the limitations of recent study it should be necessary that this research perform on retired women, furthermore assess the continuity of effects of therapeutic interventions over time and implement the follow up tests are recommended.

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